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Bib Data Sheet

CONFIRMATION NO. 3073

<b>SERIAL NUMBER</b> 10/676,815	<b>FILING OR 371(c) DATE</b> 10/01/2003 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> 9542.18429-FOR
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/666,617 09/20/2000 PAT 6,893,459  
 and is a CIP of PCT/US02/31376 10/01/2002  
 which claims benefit of 60/326,590 10/01/2001  
 This application 10/676,815  
 claims benefit of 60/429,462 11/26/2002  
 and claims benefit of 60/429,709 11/26/2002  
 and claims benefit of 60/429,444 11/26/2002

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 12/24/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 24	<b>INDEPENDENT CLAIMS</b> 1
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

## ADDRESS

26308

## TITLE

Devices, systems, and methods for supplementing, repairing, or replacing a native heart valve leaflet

<b>FILING FEE RECEIVED</b> 486	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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